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### **Awake intubation using a combination of rigid video laryngoscope - Flexible bronchoscope as a multimodal airway management**

Simple algorithms and user-friendly devices provide the infrastructure for good airway management. It is our professional responsibility to put an end to unnecessary loss of life by ensuring a clear goal of maintaining patient oxygenation. The present variety of video-enhanced airway devices, such as video laryngoscopes and fiberscope have brought further improvements in glottic visualization, but still cannot always guarantee successful passage of endotracheal tube. Combining two of the newer technological innovative devices such as a video laryngoscope and a flexible fiberscope can be complementary and prove critical in a situation where each might fail when deployed alone, even in the most skillful and experienced hands, and reports of such complementary use are still relatively scarce and no specific recommendation is present in the main airway management algorithms. The term multimodal airway approach refers to a combined intubation technique as when the larynx is visualized by video-laryngoscope and the fiberscope is used only as a stylet with movable tip to facilitate endotracheal placement. We present 2 expected difficult intubation cases for 2 male patients aged 26 years and 42 years. We applied conscious sedation by dexmedetomidine, fentanyl, lidocaine and propofol to have consciously sedated patients who were able to tolerate the intubation procedure. Although the videolaryngoscope revealed grade 2 Cormack and Lehane view, it was impossible to pass a bougie into the glottis due to the small mouth opening. Upon utilizing the combined technique of Glidscope-Flexible Fiberscope in one patient and C-MAC – Flexible fiberscope in the other patient, the endotracheal tube was inserted easily in each patient. Awake Multimodal Airway Management (AMAM) can provide safe controlled technique to maximize chances of successful endotracheal intubation and the fiberscope is used only as stylet. We also support and suggest that the American Society of Anesthesiologists (ASA) can include AMAM in the main ASA airway management algorithm.

#### **Biography**

Ashraf Mohamed Ibrahim EL-Molla is a Consultant Anesthesiologist, Prince Sultan Military Medical City, Saudi Arabia. He is interested in airway management, his recent publication "Bridging Bronchus, type six as a new rare case of a bronchial anomaly.

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